FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, | D.C. 20549 |
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPROVAL | | | | | | | | |
|--------------------------|--|--|--|--|--|--|--|--|
| OMB Number: 3235-028 | | | | | | | | |
| Estimated average burden | | | | | | | | |
| hours ner resnonse: | | | | | | | | |

| Instruc | tion 1(b). | | | Filed | | | | | | | ities Exchang ompany Act o | | f 1934 | | | liouis | perres | | 0.5 |
|--|------------|---------|---------------------------------------|-------------------------|--|-----------|------------------------------|--|-------------------------|--|--|---|---|---|---|---|--|---|------------|
| 1. Name and Address of Reporting Person* de Jongh John P Jr. | | | | | 2. Issuer Name and Ticker or Trading Symbol Altisource Asset Management Corp AAMC | | | | | | | | | Check a | tionship of Reporting Pe all applicable) Director | | | erson(s) to Issuer | |
| (Last) (First) (Middle) | | | | | | | | | | | | | | Officer (give title below) | | | | Other (s | specify |
| C/O ALTISOURCE ASSET MANAGEMENT 5100 TAMARIND REEF | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 06/24/2021 | | | | | | | | | | | | | | |
| | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | | |
| (Street) CHRISTIANSTED VI 00820 | | | | | | | | | | | | | X | Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | |
| (City) | (St | ate) (2 | Zip) | | | | | | | | | | | | | | | | |
| | | Table | I - N | on-Deriva | tive | Secui | rities | Acqı | uired | l, Di | sposed of | , or B | enefic | ially (| Own | ed | | | |
| Date | | | 2. Transaction Date (Month/Day/ | Execution D | | tion Date | e, 1 | Code (Instr. | | 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 | | | and 5) Securit Benefic Owned | | ties cially I Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership | |
| | | | | | | | | | Code | v | Amount | (A) or (D) | Price | 1 | Reported Transaction(s) (Instr. 3 and 4) | | | | (Instr. 4) |
| Common stock | | | 06/24/20 | 06/24/2021 | | | | A ⁽¹⁾ | | 2,874 | A | \$19. | \$19.42 | | 7,967 | | D | | |
| Common | stock | | | 06/24/20 | 21 | | | | F ⁽²⁾ | | 690 | D | \$19.4 | .2 ⁽²⁾ | 7,277 | | D | | |
| | | Tal | ole II | - Derivati (e.g., pu | | | | | | | osed of, convertib | | | | wned | d | | | |
| 1. Title of Derivative Security (Instr. 3) 2. Conversion or Exercise Price of Derivative Security | | Execu | | | (Instr. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | ative ities red sed | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | | 7. Title Amou Secur Under Deriva Secur 3 and | nt of ities lying ative ity (Instr. | | rivative curity str. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | y G | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership (Instr. 4) | |
| | | | | | | | | | | or | | | | | | | | | |

Explanation of Responses:

- 1. Director Stock Grant issued pursuant to the AAMC 2012 Equity Incentive Plan.
- 2. Such 690 shares were forfeited by the reporting person to cover the tax withholdings on the vesting of his Director Stock Grant on June 24, 2021. The price per share used to determine the tax withholdings was the average of the high and low sale prices of the Company's common stock on June 24, 2021.

(D)

Date

Exercisable

Deborah Barrett Seymour, attorney-in-fact

Shares

Expiration

Title

Date

06/28/2021

** Signature of Reporting Person Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- * If the form is filed by more than one reporting person, see Instruction 4 (b)(v).
- ** Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB Number.